



PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Perriann M. Holden

Serial No.: 09/910,641

Filed: July 20, 2001

Title: Protective Attachment

) Art Unit: 3765  
)  
) Attorney  
) Docket No.: 810101-1  
)  
)  
)  
)

23/18  
1.7.1.1  
SF  
11-14-23

RECEIVED

NOV 14 2003

AMENDMENT AFTER FINAL REJECTION

TECHNOLOGY CENTER R3700

Assistant Commissioner for Patents  
Washington, D.C. 20231

Attention: Alissa Hoey  
Examiner  
(703) 308-6094

Dear Sir or Madam:

Responsive to the Office Action mailed October 3, 2003, and the Advisory Action mailed October 31, 2003 please amend the above-identified patent application as follows:

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to:

Commissioner for Patents  
Mail Stop: AF  
P.O. Box 1450  
Alexandria, VA 22313-1450

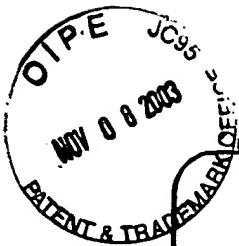
on Nov. 8, 2003 (Date)

Typed or printed name of person signing this certificate: JERRY R. POTTS

Signature

NOV 10 2003

AF/13765



PTO/SB/21 (08-03)

Approved for use through 08/30/2003. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE  
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

|                                                                                     |                      |                        |          |
|-------------------------------------------------------------------------------------|----------------------|------------------------|----------|
| <b>TRANSMITTAL FORM</b><br>(to be used for all correspondence after initial filing) | Application Number   | 09/910,641             |          |
|                                                                                     | Filing Date          | July 20., 2001         |          |
|                                                                                     | First Named Inventor | PERRIANN HOLDEN        |          |
|                                                                                     | Art Unit             | 3765                   |          |
|                                                                                     | Examiner Name        | ALISSA HOEY            |          |
| Total Number of Pages in This Submission                                            | 17                   | Attorney Docket Number | 810101-1 |

| ENCLOSURES (Check all that apply)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment/Reply<br><input checked="" type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br><input type="checkbox"/> Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance communication to Technology Center (TC)<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br><b>FEE DETERMINATION SHEET</b> |
| Remarks                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | <b>RECEIVED</b><br>NOV 14 2003<br>TECHNOLOGY CENTER:R3700                                                                                                                                                                                                                                                                                                                                                                                                                             |

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|                         |                              |
|-------------------------|------------------------------|
| Firm or Individual name | LAW OFFICE OF JERRY R. POTTS |
| Signature               | <i>[Signature]</i>           |
| Date                    | 11-8-03                      |

## CERTIFICATE OF TRANSMISSION/MAILING

|                                                                                                                                                                                                                                                                                                               |                    |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|
| I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below. |                    |
| Typed or printed name                                                                                                                                                                                                                                                                                         | JERRY R. POTTS     |
| Signature                                                                                                                                                                                                                                                                                                     | <i>[Signature]</i> |
| Date                                                                                                                                                                                                                                                                                                          | 11-8-03            |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/06 (08-03)

Approved for use through 7/31/2008. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**PATENT APPLICATION FEE DETERMINATION RECORD**

Substitute for Form PTO-875

Application or Docket Number  
**810101-1****CLAIMS AS FILED - PART I**

(Column 1)

(Column 2)

| FOR                                               | NUMBER FILED | NUMBER EXTRA |
|---------------------------------------------------|--------------|--------------|
| BASIC FEE<br>(37 CFR 1.16(a))                     |              |              |
| TOTAL CLAIMS<br>(37 CFR 1.16(c))                  | minus 20 =   | *            |
| INDEPENDENT CLAIMS<br>(37 CFR 1.16(b))            | minus 3 =    | *            |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) |              |              |

\* If the difference in column 1 is less than zero, enter "0" in column 2.

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

| RATE  | FEE |
|-------|-----|
|       | \$  |
| x \$  | =   |
| x \$  | =   |
| + \$  | =   |
| TOTAL |     |

OR

OR

OR

OR

OR

OR

| RATE  | FEE |
|-------|-----|
|       | \$  |
| x \$  | =   |
| x \$  | =   |
| + \$  | =   |
| TOTAL |     |

**RECEIVED**  
NOV 14 2003  
TECHNOLOGY CENTER R3700**CLAIMS AS AMENDED - PART II**

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------|-----------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
|             | Total<br>(37 CFR 1.16(c))                                       | * 23                                      | Minus | ** 33                                       | = 0              |
|             | Independent<br>(37 CFR 1.16(b))                                 | * 5                                       | Minus | *** 7                                       | = 0              |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |       |                                             |                  |

**SMALL ENTITY**

OR

**OTHER THAN  
SMALL ENTITY**

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$               | =                      |
| x \$               | =                      |
| + \$               | =                      |
| TOTAL<br>ADD'L FEE |                        |

OR

OR

OR

OR

OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$               | =                      |
| x \$               | =                      |
| + \$               | =                      |
| TOTAL<br>ADD'L FEE |                        |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT B |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------|-----------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
|             | Total<br>(37 CFR 1.16(c))                                       | * 6                                       | Minus | ** 33                                       | = 0              |
|             | Independent<br>(37 CFR 1.16(b))                                 | * 3                                       | Minus | *** 7                                       | = 0              |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |       |                                             |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$               | =                      |
| x \$               | =                      |
| + \$               | =                      |
| TOTAL<br>ADD'L FEE |                        |

OR

OR

OR

OR

OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$               | =                      |
| x \$               | =                      |
| + \$               | =                      |
| TOTAL<br>ADD'L FEE |                        |

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT C |                                                                 | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |
|-------------|-----------------------------------------------------------------|-------------------------------------------|-------|---------------------------------------------|------------------|
|             | Total<br>(37 CFR 1.16(c))                                       | *                                         | Minus | **                                          | =                |
|             | Independent<br>(37 CFR 1.16(b))                                 | *                                         | Minus | ***                                         | =                |
|             | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) |                                           |       |                                             |                  |

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$               | =                      |
| x \$               | =                      |
| + \$               | =                      |
| TOTAL<br>ADD'L FEE |                        |

OR

OR

OR

OR

OR

| RATE               | ADDI-<br>TIONAL<br>FEE |
|--------------------|------------------------|
| x \$               | =                      |
| x \$               | =                      |
| + \$               | =                      |
| TOTAL<br>ADD'L FEE |                        |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.